



INDUSTRIAL X-RAY RADIOGRAPHY  
TEMPORARY JOB SITE NOTIFICATION FORM



1. Name:  
\_\_\_\_\_
2. Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Phone Number:  
\_\_\_\_\_
4. Customer's name, address, and phone number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Customer's personnel in charge:  
\_\_\_\_\_
6. Job site location:  
\_\_\_\_\_
7. Date(s) of radiography at job site  
\_\_\_\_\_
8. X-ray machine to be used and kilovoltage (specify state machine registration number):  
\_\_\_\_\_
9. Nature of radiographic work:  
\_\_\_\_\_
10. Radiographer(s):  
\_\_\_\_\_

The Radiation Safety Section may be contacted by calling  
(517) 241-1989.

RETURN COMPLETED FORM BY MAIL TO:  
BHS, Radiation Safety Section  
Michigan Department of Community Health  
P.O. Box 30664  
Lansing, Michigan 48909  
Website: [www.michigan.gov/rss](http://www.michigan.gov/rss)  
or fax to: (517) 241-1981.